2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2009
Secretary of State

DOCUMENT# F06000007839

Entity Name: KRONOS SCIENCE LABORATORIES, INC.

Current Principal Place of Business:

2222 E HIGHLAND
SUITE 220
PHOENIX, AZ 85016

New Principal Place of Business:

Current Mailing Address:

2390 E CAMELBACK ROAD
SUITE 440
PHOENIX, AZ 85016

New Mailing Address:

FEI Number: 75-2979074 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: THATCHER, JONATHAN CEO
Address: 2390 E CAMELBACK ROAD, SUITE 440
City-St-Zip: PHOENIX, AZ 85016

Title: PD ( ) Delete
Name: HEWARD, CHRIS
Address: 2390 E CAMELBACK ROAD, SUITE 440
City-St-Zip: PHOENIX, AZ 85016

Title: SD (X) Delete
Name: JOHNSON, JAY M
Address: 2390 E CAMELBACK ROAD, SUITE 440
City-St-Zip: PHOENIX, AZ 85016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: THATCHER, JONATHAN
Address: 2390 E CAMELBACK ROAD, SUITE 440
City-St-Zip: PHOENIX, AZ 85016

Title: SD (X) Change ( ) Addition
Name: JOHNSON, JAY M
Address: 2390 E CAMELBACK ROAD, SUITE 440
City-St-Zip: PHOENIX, AZ 85016

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAY M. JOHNSON SD 01/27/2009

Electronic Signature of Signing Officer or Director — Date